



State of Connecticut Office of Health Care Access

Instructions for Modification of Previously Authorized CON Form

Form 2050

Form 2050 must be filed for any petition for a modification to a previously authorized Certificate of Need. The Form consists of 7 Section.
These sections are:

- Section I PETITIONER INFORMATION
- Section II GENERAL PROPOSAL INFORMATION
- Section III IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT
- Section IV IF REQUESTING AN INCREASE IN THE AUTHORIZED CAPITAL EXPENDITURE OR THE AUTHORIZED CAPITAL COST
- Section V IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE
- Section VI IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION (*other than extension of the CON expiration date*)
- Section VII OTHER

All portions of Section I, II, and VII **must be completed**. OHCA requires an original and two copies of your completed Form 2050. All pages must be consecutively numbered.

Please send completed Form 2050 to:
Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

If you have any questions concerning this form, please contact Karen Roberts, OHCA Compliance Officer at (860) 418-7041.